

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only <div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center; width: 50px; margin: 0 auto;">           US DOL ESA            Rec'd            MAR 27 2003            E            OLSM DRDA         </div>	1. FILE NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center; font-family: monospace;">0 4 8 - 0 5 4</div>	2. PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div>MO DAY YEAR</div> <div>             From <div style="border: 1px solid black; padding: 2px; font-family: monospace;">0 1 0 1 2 0 0 2</div>             Through <div style="border: 1px solid black; padding: 2px; font-family: monospace;">1 2 3 1 2 0 0 2</div> </div> </div>	3 (a) AMENDED — If this is an amended report correcting a previously filed report, check here <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>				
4. AFFILIATION OR ORGANIZATION NAME <b>PLUMBERS AFL-CIO</b>  5. DESIGNATION (Local, Lodge, etc.) <b>LU</b>  6. DESIGNATION NUMBER <div style="text-align: center;"><b>250</b></div>  7. UNIT NAME (if any)		8. MAILING ADDRESS  First Name <div style="border: 1px solid black; padding: 2px; font-family: monospace;">G E O R G E</div>  Last Name <div style="border: 1px solid black; padding: 2px; font-family: monospace;">V A S Q U E Z</div>  P.O. Box • Building and Room Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  Number and Street <div style="border: 1px solid black; padding: 2px; font-family: monospace;">1 8 3 5 5   S O U T H   F I G U E R O A   S T R E E T</div>  City <div style="border: 1px solid black; padding: 2px; font-family: monospace;">G A R D E N A</div>  State      ZIP Code + 4 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">C A</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">9 0 2 4 8</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> </div>					
		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
		75. ADDITIONAL INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Item Number</th> <th></th> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>		Item Number			
		Item Number					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">         76. SIGNED: <u><i>Marino Maddaloni</i></u>      PRESIDENT  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>3/26/03 Date</div> <div>(310) 660-0035 Telephone Number</div> </div> </div> <div style="width: 45%;">         77. SIGNED: <u><i>Thom H. Patchell</i></u>      TREASURER  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>3/26/03 Date</div> <div>(310) 660-0035 Telephone Number</div> </div> </div> </div>							

03-089-023 (048054)

*During the Reporting Period Did Your Organization:*

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ ☐
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 4 9 0 0
19. What is the date of your organization's next regular election of officers? MO YEAR
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0 0
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees		
(a) Regular Dues/Fees	\$ 18.00 - 107.00	per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 100.00 - 750.00	
(c) Transfer Fees	\$ 30.00	
(d) Work Permits	\$ 520.00 - 830.00	per YEAR (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒
- (If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 4 8 - 0 5 4

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....	1	2 8 3 1 9 0 3	2 7 4 4 5 7 1
	26. Accounts Receivable.....		6 1 3 8 5	1 0 0 7 0 4
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	1 5 9 3 2 5	1 7 1 8 3 9
	30. Fixed Assets.....	5	1 5 5 8 7 1	1 0 2 7 3 9
	31. Other Assets.....	3	1 2 4 6 0	1 1 9 5 2
	32. TOTAL ASSETS.....		3 2 2 0 9 4 4	3 1 3 1 8 0 5
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....	8	3 0 4 7 9	1 5 9 6 6
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	9 3 9 0 4 1	1 5 7 1 8 8 7
	37. TOTAL LIABILITIES.....		9 6 9 5 2 0	1 5 8 7 8 5 3
38. NET ASSETS (Item 32 less Item 37).....		2 2 5 1 4 2 4	1 5 4 3 9 5 2	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 4 8 - 0 5 4

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			4 2 0 9 5 2 3	56. To Officers.....	9		6 8 0 4 3 0
40. Per Capita Tax.....			0	57. To Employees.....	10		2 4 6 9 8 0
41. Fees.....			9 9 9 1 4	58. Per Capita Tax.....			1 2 2 2 8 0 2
42. Fines.....			6 1 0 8 9	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments.....			1 2 6 7 8	60. Office & Administrative Expense....	13		3 6 1 1 3 3
44. Work Permits.....			0	61. Educational & Publicity Expense...			0
45. Sale of Supplies.....			0	62. Professional Fees.....			2 7 3 5 2
46. Interest.....			2 1 6 1 3	63. Benefits.....	11		5 0 0 3 0 7
47. Dividends.....			1 8 1 4 5	64. Contributions, Gifts & Grants.....	12		2 2 4 7 0
48. Rents.....			7 1 9 0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		0	66. Direct Taxes.....			1 3 4 5 6 4
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			6 2 1 2 5 9
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		2 0 8 8 8
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			1 5 7 4 9 8	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		3 3 0 6 9 8	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			1 5 1 3 0 0
				73. Other Disbursements.....	15		1 0 1 6 1 9 5
55. TOTAL RECEIPTS.....			4 9 1 8 3 4 8	74. TOTAL DISBURSEMENTS .....			5 0 0 5 6 8 0

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

## SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

# **SCHEDULE 2 - INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 4 8 - 0 5 4

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	1 7 1 8 3 9
5. Total Book Value	1 7 1 8 3 9
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) AFL-CIO HOUSING TRUST	1 7 7 8 3 9
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 7 1 8 3 9
The total from Line 7 is entered in ..... Item 29, Column (B)	

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Book Value (B)
1. PREPAID INSURANCE	1 0 1 4 1
2. PREPAID MAINTANENCE	1 8 1 1
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 1 9 5 2
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. CONTRACTOR REIM LIABILITY	1 3 3 1 0 1 3
2. PREPAID INITIATIONS	4 9 8 2
3. PER CAPITA TAX PAYABLE	1 5 8 0 0 2
4. FRINGE BENEFITS PAYABLE	4 3 6 3 6
5. DUES W/H PAYABLE	2 1 9 5 7
6. Total from additional pages (if any)	1 2 2 9 7
7. Total of Lines 1 through 6	1 5 7 1 8 8 7
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 4 8 - 0 5 4

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land <i>(give location)</i> : 18355 S. FIGUEROA, GARDENA, CA.	3 5 4 2 5		3 5 4 2 5	3 5 4 2 5
2. Totals from additional pages <i>(if any)</i>				
3. Buildings <i>(give location)</i> : SAME AS ABOVE	2 3 0 4 1 5	2 3 0 4 1 5	0	0
4. Totals from additional pages <i>(if any)</i>				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	2 8 0 2 3 0	2 2 7 1 4 1	5 3 0 8 9	5 3 0 8 9
7. Other Fixed Assets	6 5 7 7 1 7	6 4 3 4 9 2	1 4 2 2 5	1 4 2 2 5
8. Totals of Lines 1 through 7	1 2 0 3 7 8 7	1 1 0 1 0 4 8	1 0 2 7 3 9	1 0 2 7 3 9
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 4 8 - 0 5 4

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. FURNITURE & FIXTURES	2 2 0 2	2 2 0 2	2 2 0 2
2. COMPUTER EQUIPMENT	6 6 1 0	6 6 1 0	6 6 1 0
3. SOFTWARE	1 5 6 0	1 5 6 0	1 5 6 0
4. AFL-CIO REINVESTED DIVIDENDS	1 0 5 1 6	1 0 5 1 6	1 0 5 1 6
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	2 0 8 8 8	2 0 8 8 8	2 0 8 8 8
7. Less Reinvestments			0
8. Net Purchases			2 0 8 8 8
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 4 8 - 0 5 4

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. BARNES EDWARD BUS MANAGER	C	8 9 0 5 0	6 1 8 0	1 6 0 9 1	0	1 1 1 3 2 1
2. BUONAURO CARMINE CHIEF REF AGENT	C	8 1 9 2 4	1 4 4 0	1 6 4 9 3	0	9 9 8 5 7
3. EVANS DAVID AGENT	C	8 1 9 2 4	4 2 0	1 1 6 1 4	0	9 3 9 5 8
4. GUZMAN ARTHUR AGENT	C	8 1 9 2 4	6 6 0	9 9 0 1	0	9 2 4 8 5
5. JOHNSTON ROBERT AGENT	C	8 1 9 2 4	2 6 4 0	1 1 4 0 9	0	9 5 9 7 3
6. MARTIN TERRY AGENT	C	8 1 9 2 4	2 5 2 0	9 4 3 8	0	9 3 8 8 2
7. ROUNDY ROGER AGENT	P	7 5 2 6	0	5 5 0 9	0	1 3 0 3 5
8. Totals from additional pages (if any)		4 3 8 7 6 5	4 7 7 5	6 6 3 9 2	0	5 0 9 9 3 2
9. Totals of Lines 1 through 8		9 4 4 9 6 1	1 8 6 3 5	1 4 6 8 4 7	0	1 1 1 0 4 4 3
				10. Less Deductions	4 3 0 0 1 3	
The total from Line 11 is entered in ..... Item 56				11. Net Disbursements	6 8 0 4 3 0	

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 4 8 - 0 5 4

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. ABENDSCHAN ANN SECRETARY	4 2 1 4 2	0	0	0	4 2 1 4 2
2. ELLIOTT COLLEEN BOOKKEEPER	4 8 1 3 0	0	0	0	4 8 1 3 0
3. GUHR KAREN CASHIER	3 9 3 9 7	3 0 0	0	0	3 9 6 9 7
4. MARTINSEN PAT ADMIN ASST	4 9 5 2 8	0	0	0	4 9 5 2 8
5. MCKISSACK SUSAN OFFICE MANAGER	4 4 8 2 6	0	0	0	4 4 8 2 6
6. Totals from additional pages (if any)	1 9 5 6 4 4	3 0 0	0	0	1 9 5 9 4 4
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	8 4 7 6	3 3 6 0	1 1 6 5 7	0	2 3 4 9 3
8. Totals of Lines 1 through 7	4 2 8 1 4 3	3 9 6 0	1 1 6 5 7	0	4 4 3 7 6 0
			9. Less Deductions		1 9 6 7 8 0
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements		2 4 6 9 8 0

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 4 8 - 0 5 4

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION FUND	PLAN ADMINISTRATOR	3 7 7 4 1 0
2. HEALTH & WELFARE FUND	PLAN ADMINISTRATOR	1 2 2 8 9 7
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5 0 0 3 0 7

The total from Line 6 is entered in ..... Item 63

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SAN DIEGO CTY BCTD COUNCIL	1 4 5
2. HARRY FAUCETT MEM. GOLF TOURN	6 3 0
3. CHUCK LOZANO	3 0 0
4. ROTC DRILL TEAM CHAMPIONSHIP	1 0 0 0
5. APPRENTICE AWARDS	1 0 0 0
6. CMPCA GOLF RECEPTION	2 0 0 0
7. Total from additional pages (if any)	1 7 3 9 5
8. Total of Lines 1 through 7	2 2 4 7 0

The total from Line 8 is entered in ..... Item 64

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. INSURANCE	2 2 7 7 5
2. UTILITIES	1 9 5 8 6
3. TELEPHONE	1 1 3 5 5 6
4. POSTAGE	1 2 0 0 0
5. MAINTANENCE & REPAIR	2 1 8 9 1
6. BANK CHARGES	4 9 8 0
7. Total from additional pages (if any)	1 6 6 3 4 5
8. Total of Lines 1 through 7	3 6 1 1 3 3

The total from Line 8 is entered in ..... Item 60

**SCHEDULE 14 -  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. SALARY REIMBURSEMENT	5 8 7 6 3
2. ORGANIZING GRANT	2 8 8 0 0
3. SERVICE CHARGES	8 1 2 0 2
4. SCHOLARSHIP FUND	6 8 9 9 0
5. SPECIAL ORGANIZER REIM	8 2 1 3 8
6. UA WELDING TEST SITE REIM	1 0 8 0 5
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 3 0 6 9 8
The total from Line 17 is entered in ..... Item 54	

**SCHEDULE 15 -  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. CONVENTIONS & MEETINGS	1 0 4 1 0 8
2. APPRENTICE TRAINING	1 5 1 4 5
3. ORGANIZING EXPENSES	6 1 3 9 6
4. ELECTION EXPENSES	7 9 1 5
5. TEST EXPENSE	1 1 8 7 9
6. BURIAL EXPENSE	1 4 0 4
7. MARKET RECOVERY EXPENSE	6 2 6 4 4 6
8. COMMUNITY SERVICES	3 0
9. XMAS & PICNIC EXPENSES	3 5 4 1 0
10. POLITICAL FUND ALLOCATION	4 0 3 9 9
11. SCHOLARSHIP EXPENSES	6 5 4 5 0
12. SPECIAL COUNCIL PAYMENT	2 4 0 0
13. MISCELLANEOUS	4 4 2 1 3
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 1 6 1 9 5
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
PLUMBERS AFL-CIO

FILE NUMBER: 0 4 8 - 0 5 4

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
RIVERA JORGE AGENT & ORG	C	8 1 9 2 4	7 8 0	1 1 7 7 2	0	9 4 4 7 6
SCAVO JOE AGENT	C	8 1 9 2 4	3 0 0	1 2 0 7 8	0	9 4 3 0 2
SCAVO MICHAEL AGENT	C	8 1 9 2 4	2 4 0	1 5 8 2 5	0	9 7 9 8 9
SPARKS TOMMY SEC - TREASURER	P	2 0 3 8 4	0	4 5 2 8	0	2 4 9 1 2
VASQUEZ GEORGE SEC - TREASURER	N	8 1 9 2 4	2 5 3 0	1 2 7 1 1	0	9 7 1 6 5
BARRERA PETER ORGANIZER	N	4 4 8 2 5	6 0 0	4 0 2 6	0	4 9 4 5 1
TANAKA DONALD AGENT	N	4 5 8 6 0	3 2 5	5 4 5 2	0	5 1 6 3 7

ORGANIZATION NAME:  
PLUMBERS AFL-CIO

FILE NUMBER: 0 4 8 - 0 5 4

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
MUURAY  CASHIER	CHERYL	4 4 7 6 1	0	0	0	4 4 7 6 1
OLSON  ADMIN ASST	NANCY	4 0 0 2 2	0	0	0	4 0 0 2 2
RIVERA  DISPATCHER	LISA	3 9 5 8 9	3 0 0	0	0	3 9 8 8 9
WILLEY  DISPATCHER	RENEE	3 7 2 6 9	0	0	0	3 7 2 6 9
MAYNER  JANITOR	GEORGE	3 4 0 0 3	0	0	0	3 4 0 0 3

ORGANIZATION NAME: <b>PLUMBERS AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2002</b>

FILE NUMBER: **0 4 8 - 0 5 4**

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					

ORGANIZATION NAME:  
**PLUMBERS AFL-CIO**

FILE NUMBER: **0 4 8 - 0 5 4**

ENDING DATE OF PERIOD COVERED:  
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## **SCHEDULE 12 – CONTRIBUTIONS, GIFTS & GRANTS (continued)**

Description (A)	Amount (B)
CANCER INSTITUTE OF NEW JERSEY	1 0 0
LABOR DAY PARADE INSTITUTE	1 5 0
MDA/MYOTONIC DYSTROPHY	2 5 0 0
SPECIAL OLYMPICS	1 0 0
LOCAL 246 GOLF TOURNAMENT	2 0 0
LOCAL UNION 114 1/2 PAGE AD	6 0 0
LOCAL 230 GOLF TOURNAMENT	5 0 0
CDC ORANGE CTY FOOD GOLF TOURN	1 9 5
LITTLE COMPANY OF MARY HOSPICE	1 0 0 0
COMMISSION OF HUMAN CONCERNS	2 5 0
AMERICAN CANCER SOCIETY	1 0 0
MEASURE V CAMPAIGN	5 0 0 0
ORANGE CTY CTRL LABOR COUNCIL	2 5 0
ALLIANCE FOR NEIGHBORHOOD SCH	5 0 0 0
GMS RETIREMENT CELEBRATION	3 0 0
LOCAL 324 100TH ANNIVERSARY	6 5 0
LOCAL 208 100TH ANNIVERSARY	5 0 0



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**SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)**[illegible]

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**SCHEDULE 4 – OTHER LIABILITIES (continued)**Form LM-2 (Revised 2000)

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## **75. ADDITIONAL INFORMATION**

Item Number	
11	U.A. OFFICERS/EMPLOYEES PENSION FUND; EIN 52-0067475 PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND; EIN 52-6152779 SOUTHERN CALIFORNIA PIPE TRADES TRUST OFFICE; EIN 95-4557526 OFFICE & PROFESSIONAL EMPLOYEES LOCALS 30 & 537 PENSION FUND; EIN 95-6072309 OFFICE & PROFESSIONAL EMPLOYEES LOCALS 30 & 537 HEALTH & WELFARE FUND AIR CONDITIONING AND REFRIGERATION INDUSTRY TRUST FUNDS; EIN 95-6035386 SEIU NATIONAL INDUSTRY PENSION FUND; EIN 52-6148540 CALIFORNIA SERVICE EMPLOYEES HEALTH AND WELFARE FUND

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## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	THE 2002 ANNUAL AUDIT WAS PERFORMED BY SALTER & CO., PLLC.

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## **75. ADDITIONAL INFORMATION *(continued)***

Item Number	
19	PLUMBERS LOCAL UNION 250 IS CURRENTLY UNDER TRUSTEESHIP OF THE INTERNATIONAL. THEREFORE, THERE WILL NOT BE AN ELECTION OF OFFICERS UNTIL THE LOCAL'S CHARTER IS REINSTATED.

ORGANIZATION NAME:  
**PLUMBERS AFL-CIO**

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## **75. ADDITIONAL INFORMATION *(continued)***

Item Number	
56	<p><b>SCHEDULE 9</b></p> <p>DESCRIPTION OF HEADINGS FOR SCHEDULE 9</p> <p>COLUMN F - DISBURSEMENTS FOR OFFICIAL UNION BUSINESS REIMBURSED - AMOUNTS REIMBURSED TO THE OFFICER FOR EXPENSES INCURRED. OTHER - OTHER DISBURSEMENTS FOR OFFICIAL UNION BUSINESS THAT RELATE TO THE PARTICULAR OFFICER AND MUST BE REPORTED ON SCHEDULE 9.</p>

ORGANIZATION NAME:  
**PLUMBERS AFL-CIO**

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## **75. ADDITIONAL INFORMATION *(continued)***

Item Number	
57	<p><b>SCHEDULE 10</b></p> <p>DESCRIPTION OF HEADINGS FOR SCHEDULE 10</p> <p>COLUMN F - DISBURSEMENTS FOR OFFICIAL UNION BUSINESS REIMBURSED - AMOUNTS REIMBURSED TO THE EMPLOYEE FOR EXPENSES INCURRED. OTHER - OTHER DISBURSEMENTS FOR OFFICIAL UNION BUSINESS THAT RELATE TO THE PARTICULAR EMPLOYEE AND MUST BE REPORTED ON SCHEDULE 10.</p>

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## **75. ADDITIONAL INFORMATION (*continued*)**

Item Number	
76	PLUMBERS LOCAL UNION 250 IS CURRENTLY UNDER TRUSTEESHIP AND CONTROL OF THE UA INTERNATIONAL. THEREFORE, THE GENERAL PRESIDENT OF THE UA HAS SIGNED THE LM-2.



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## **75. ADDITIONAL INFORMATION *(continued)***

Item Number	
77	PLUMBERS LOCAL UNION 250 IS CURRENTLY UNDER TRUSTEESHIP AND CONTROL OF THE UA INTERNATIONAL. THEREFORE, THE GENERAL SECRETARY OF THE UA HAS SIGNED THE LM-2.

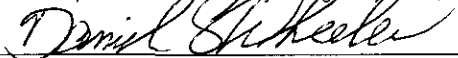
ORGANIZATION NAME:  
**PLUMBERS AFL-CIO**

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## TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

Trustee Sign:  TRUSTEE

Trustee Sign: \_\_\_\_\_ TRUSTEE

3/26/03

Date

(310) 660-0035

Telephone Number

(310) 660-0035

Telephone Number